

SUPPLIER'S FACILITY QUESTIONNAIRE

A DIVISION OF

MCDONNELL DOUGLAS

CORPORATION

GENERAL INFORMATION

INSTRUCTIONS: All questions must be answered. If questions are not applicable they should be identified "NA".
If the answer is none, state "NONE". Enter an "X" in appropriate blocks on Yes/No questions.

COMPANY NAME: Monroe Institute of Applied Sciences

MAILING ADDRESS	STREET	CITY	STATE	ZIP CODE	TELEPHONE
P.O. Box 130		Nellysford	VA	22958	804-361-1252

PLANT ADDRESS	STREET	CITY	STATE	ZIP CODE	TELEPHONE
Rt. 1 Box 175		Faber	VA	22938	804-361-1252

TYPE OF OWNERSHIP: ☐ Proprietorship ☐ Corporation ☒ Subsidiary*
☐ Partnership ☐ Division* ☐ Affiliate*

*Give details by attachments if you control and/or are controlled by other companies, and degree of independence.

PERSONNEL: TITLE NAME

PRESIDENT OR OWNER(S) President: Robert A. Monroe

GENERAL MANAGER Director of Administration: R. F. Korbesmeyer

QUALITY CONTROL MGR. None

PERSON TO CONTACT

Name and Title

SALES REP Nearest McDonnell Douglas Electronics Company (MDEC)

Name Address Phone Mr. Bo Witt, MDEC

TYPE OF BUSINESS: ☐ Manufacturer ☐ Engineering ☐ Services
☐ Distributor/Mfg. Rep. ☐ Processor ☒ Other

YEARS IN BUSINESS Eleven (11) SQUARE FEET MFG None
NUMBER OF PLANTS TOTAL

CLASSIFICATION: ☒ Small This answer must take all employees into consideration, including those of
☐ Large subsidiaries and parent company (small business is less than 500 employees).
☐ Woman Owned Business

IF APPLICABLE, INDICATE MINORITY GROUP OWNING OR CONTROLLING COMPANY

() BLACK () SPANISH SPEAKING AMERICAN
() PUERTO RICAN () AMERICAN-ORIENTAL
() AMERICAN INDIAN () AMERICAN ESKIMO/ALEUT

NUMBER OF EMPLOYEES: Total 12 Engineering 3
Production 0 Procurement 0 Other 9

UNION: ☒ None Present Contract

AFFILIATION: ☐ Yes, With Expiration Date

Do you have a Small Business Program? ☐ Yes ☒ No List by attachment any Trade Names or Trade Marks HEMI-SYNC, Gateway, Discovery, Mentronics

Do you have procedures for controlling, identifying, protecting MDEC/Govt. furnished property? ☐ Yes ☒ No

EXPERIENCE

Is your management familiar with the Armed Services Procurement Regulations (ASPR)? ☐ Yes ☒ No

Have your performed work under U.S. Government prime contract? ☐ Yes ☒ No Subcontract? ☐ Yes ☐ No

If yes, attach a list of customers, descriptions, dates, and contract amounts.

List the products which you have advanced beyond the general technology of your industry.

Method and technique of inducing sleep and relaxation by the use of sound patterns (Patent 3,884,218).

QUALITY CONTROL

Do you understand Quality Control as required for aerospace or Govt. work?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Do you have written Q. C. Procedures for all phases of operation?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Do you maintain a system for tool and gage calibration?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is your tool and gage calibration system traceable to the Nat'l. Bureau of Standards?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is a Written Q. C. Manual or Procedures Manual available and maintained for use by all Inspection Personnel?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is your Q. C. Dept based on:	<input type="checkbox"/> MIL-Q-9858A <input type="checkbox"/> MIL-I-45208A <input type="checkbox"/> MIL-C-456662A <input type="checkbox"/> NAS200 <input type="checkbox"/> None
Government (Source) Inspection by:		<input checked="" type="checkbox"/> None <input type="checkbox"/> Itinerant <input type="checkbox"/> Resident <input type="checkbox"/> Specify Agency	

FINANCIAL RESPONSIBILITY

Company Net Worth \$ <u>Private Data</u>	Present Backlog \$ _____	Government _____ % Commercial _____ %
Have your purchasing procedures been approved by an Armed Service Agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No	What is your present approx. \$ _____ Engr. \$ _____ Machine Hourly Rate: \$ _____ Tooling \$ _____ Assembly
Have your Labor Rates been approved by an Armed Service Agency?	Direct Labor <input type="checkbox"/> Yes <input type="checkbox"/> No	Overhead Yes <input type="checkbox"/> No <input type="checkbox"/>
Sales last three years:	Amount \$ _____ Year	Amount \$ _____ Year
	Amount \$ _____ Year	Amount \$ _____ Year

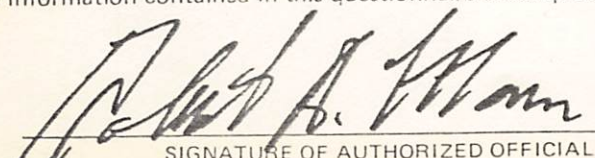
CHECK LIST OF ITEMS NECESSARY TO FULLY EVALUATE YOUR COMPANY

ITEM	ATTACHED	AVAILABLE IN 30 DAYS	LATER DATE AVAILABLE
Manufacturing Equipment list showing type, age condition and work size accommodated _____	Not applicable		
Annual Report or Financial Statement _____	Private Data		
List of customers, descriptions, dates, and contract amounts _____	Proprietary		
Any lists, brochures, catalogs, charts, pictures to illustrate your capabilities in aerospace field _____	x		
Description of relationship between parent company and/or subsidiary, such as, wholly owned, and degree of independence. _____	Private Data		
Current company organizational chart _____	Private Data		

LIST HERE OR BY ATTACHMENTS THE PRODUCTS OR SERVICES YOU WANT TO SUPPLY MDEC INCLUDING STANDARD INDUSTRIAL CLASSIFICATION NUMBERS IF KNOWN

The utilization of the HEMI-SYNC Process in various applications based upon the patented process.

The information contained in this questionnaire is complete and accurate in all details to the best of my knowledge and belief.


 SIGNATURE OF AUTHORIZED OFFICIAL
 Robert A. Monroe

President
 TITLE

7-13-82
 DATE